



Practitioner's Docket No. 701039-048802-C

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: KLAGSBRUN, Michael et al.  
Application No.: 09/580,803  
Filed: May 30, 2000  
For: ANTAGONISTS OF NEUROPILIN RECEPTOR  
FUNCTION AND USE THEREOF

Group No. 1642  
Examiner: Nickol, G.

**Assistant Commissioner for Patents  
Washington, D.C. 20231**

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1. Amendment/Response Transmittal (3 pgs);
2. Restriction Requirement (1 pg);
3. Return Receipt Postcard;

is on the date shown below being:

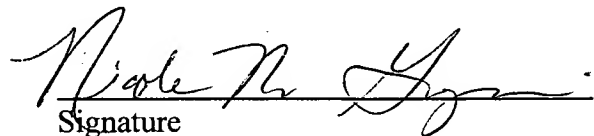
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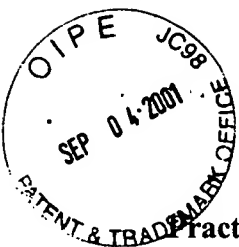
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Date: August 31, 2001

  
Signature

Nicole M. Gignac  
(type or print name of person certifying)



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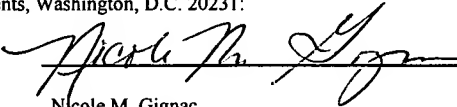
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Application No.: 09/580,803      Group No. 1642  
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CERTIFICATE OF MAILING (37 C.F.R. SECTION 1.8(a))

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231:

August 31, 2001  
Date

  
Nicole M. Gignac  
(type or print name of person mailing paper)

Assistant Commissioner for Patents  
Washington, D.C. 20231

AMENDMENT/RESPONSE TRANSMITTAL

1. Transmitted herewith is a Restriction Requirement for this application in reply to the Office Action mailed on 07/31/01.

STATUS

2. Applicant is small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. Section 1.136 apply.

(complete (a) or (b), as applicable)

- (a) ☐ Applicant petitions for an extension of time under 37 C.F.R. Section 1.136 (fees: 37 C.F.R. Section 1.17(a)(1)-(4)) for the total number of months checked below:

	Extension (months)	Fee for other than small entity	Fee for small entity
<input type="checkbox"/>	one month	\$ 110.00	\$ 55.00
<input type="checkbox"/>	two months	\$ 390.00	\$ 195.00
<input type="checkbox"/>	three months	\$ 890.00	\$ 445.00
<input type="checkbox"/>	four months	\$ 1,390.00	\$695.00

Fee: \$ \_\_\_\_\_

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If an additional extension of time is required, please consider this a petition therefor.

*(check and complete the next item, if applicable)*

- [ ] An extension for \_\_\_\_\_ months has already been secured. The fee paid therefor of \$ \_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ \_\_\_\_\_

OR

- (b) [X] Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

#### FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. Section 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3) SMALL ENTITY			OTHER THAN A SMALL ENTITY	
Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra	Rate	Addit. Fee	OR	Addit. Fee
Total	* Minus	**	=	x \$9 =	\$			x \$18 = \$
Indep.	* Minus	***	=	x \$40 =	\$			x \$80 = \$
[ ] First Presentation of Multiple Dependent Claim					+ \$135 =	\$		+ \$270 = \$
					Total Addit. Fee	\$ _____	OR	Total Addit. Fee \$ _____

*(complete (c) or (d), as applicable)*

- (c) [X] No additional fee for claims is required.

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OR

(d) ☐ Total additional fee for claims required \$ \_\_\_\_\_.

**FEE PAYMENT**

5. ☐ Attached is a check in the sum of \$ \_\_\_\_\_.  
☐ Charge Account No. \_\_\_\_\_ the sum of \$ \_\_\_\_\_.  
A duplicate of this transmittal is attached.

**FEE DEFICIENCY**

6. ☒ If any additional extension and/or fee is required, charge Account No. 50-0850.

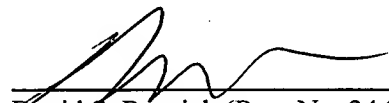
AND/OR

☒ If any additional fee for claims is required, charge Account No. 50-0850.

Date: 8/31/01

Customer No.: 26248

Respectfully submitted,

  
\_\_\_\_\_  
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